

Application or Docket Number
101673433

* If the difference in column 1 is less than zero, enter "0" in column 2.

11/27/06

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

**TOTAL
ADD'L FEE**

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.